



Indiana Department of Education
SUPPORTING STUDENT SUCCESS

Office of Adult Education

Program Income Final Report Form

Date _____

Program Name _____

Gross Income Received for FY _____ \$ _____

How will the funds be reinvested into the adult education program for services eligible under the Adult Education and Family Literacy Act (AEFLA)?

The **person(s)** responsible for program administration:

Name _____

Name _____

Title _____

Title _____

Address _____

Address _____

City _____ Zip _____

City _____ Zip _____

Telephone _____

Telephone _____

Cell Phone _____

Cell Phone _____

FAX _____

FAX _____

E-mail _____

E-mail _____

Signature _____

Signature _____